

## Residential: PDE & Treatment Planning

According to the Utah Medicaid Provider Manual (April 2015), 2-2: Psychiatric Diagnostic Evaluation,

***Psychiatric diagnostic evaluation** means a face-to-face evaluation with the individual for the purpose of identifying the need for behavioral health services. The evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations, with interpretation and report. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. In certain circumstances one or more other informants (family members, guardians or significant others) may be seen in lieu of the individual.*

***Psychiatric diagnostic evaluation with medical services** also includes medical assessment and other physical examination elements as indicated and may be performed only by qualified medical providers specified in the 'Who' section of this chapter below.*

*In accordance with the Current Procedural Terminology (CPT) manual, codes 90791 (psychiatric diagnostic evaluation) and 90792 (psychiatric diagnostic evaluation with medical services) are used for the diagnostic assessment(s) or reassessment(s), if required.*

*Because ongoing assessment and adjustment of psychotherapeutic interventions are part of psychotherapy, reassessments including treatment plan reviews occurring in psychotherapy session may be coded as such. (See definition of psychotherapy and the 'Record' section of Chapter 2-5, Psychotherapy.*

*If based on the evaluation it is determined behavioral health services are medically necessary, an individual qualified to perform this service is responsible for the development of an individualized treatment plan. An individual qualified to perform this service also is responsible to conduct reassessments/treatment plan reviews with the client as clinically indicated to ensure the client's treatment plan is current and accurately reflects the client's rehabilitative goals and needed behavioral health services. (See Chapter 1-7, Treatment Plans.)*

*See Chapter 2-6, Psychotherapy for Crisis, for information on billing urgent assessments of a crisis state as defined under Psychotherapy for Crisis.*

*Who:*

*1. **Psychiatric diagnostic evaluation** may be performed by a licensed mental health therapist, an individual working within the scope of his or her certificate or license or an individual exempted from licensure as a mental health therapist. (See Chapter 1-5, B. 1.)*

*2. **Psychiatric diagnostic evaluation with medical services** may be performed only by:*

- a. a licensed physician and surgeon or osteopathic physician engaged in the practice of mental health therapy;*
- b. a licensed advanced practice registered nurse (APRN), either as a nurse specialist or a nurse practitioner, with psychiatric mental health nursing specialty certification;*
- c. a licensed APRN formally working toward psychiatric mental health nursing specialty certification through enrollment in a specialized mental health education program or through completion of post-education clinical hours under the supervision of a licensed APRN with psychiatric mental health nursing specialty certification; or*
- d. a licensed APRN intern formally working toward psychiatric mental health nursing specialty certification and accruing the required clinical hours for the specialty*

*certification under the supervision of a licensed APRN with psychiatric mental health nursing specialty certification.*

*When this service is performed to determine the need for medication prescription only, it also may be performed by:*

*e. a licensed physician and surgeon or osteopathic physician regardless of specialty;*

*f. a licensed APRN regardless of specialty when practicing within the scope of their practice act and competency;*

*g. a licensed APRN intern regardless of specialty when practicing within the scope of their practice act and competency, under the supervision of a licensed APRN regardless of specialty when practicing within the scope of their practice act and competency, or a licensed physician and surgeon or osteopathic physician regardless of specialty; or*

*h. other medical practitioner licensed under state law when acting within the scope of his/her license, most commonly licensed physician assistants when practicing within their scope of practice and under the delegation of services agreement required by their practice act.*

**Limits:**

*1. According to the Psychiatry section of the Current Procedural Terminology (CPT) manual, the following limits apply:*

*a. Psychiatric diagnostic evaluation with medical services may not be reported on the same day as an E/M service when performed by the same servicing provider; and*

*b. Codes 90791, 90792 are used for the diagnostic assessment(s) or reassessment(s), if required, and do not include psychotherapeutic services. Psychotherapy services, including psychotherapy for crisis, may not be reported on the same day (when performed by the same servicing provider). See the January 2013 CMS NCCI PTP Module for additional information on this limitation.*

*2. Evaluations requested by a court of the Utah Department of Human Services, Division of Child and Family Services, solely for the purpose of determining if a parent is able to parent and should therefore be granted custody or visitation rights, or whether the child should be in some other custodial arrangement are not billable to Medicaid under any service/procedure code.*

**Documentation must include:**

*1. date, start and stop time, and duration of the service;*

*2. setting in which the service was rendered;*

*3. specific service rendered (i.e., psychiatric diagnostic evaluation);*

*4. report of findings from the biopsychosocial assessment that includes:*

*a. history, symptomatology and mental status (mental status report may be based on formal assessment or on observations from the evaluation process); and*

*b. disposition, including diagnosis(es) as appropriate, and recommendations. If the client does not need behavioral health services, this must be documented in the assessment (along with any other recommended services as appropriate). If behavioral health services are medically necessary, then a provider qualified to perform this service is responsible for the development of a treatment plan and the prescription of the behavioral health services that are medically necessary for the individual. (See treatment plan requirements in Chapter 1-7); or*

*5. report of findings from a reassessment that includes:*

- a. the applicable components in 4.a. and/or b.; and/or*
  - b. For reviews of the client's treatment plan documentation will include an update of the client's progress toward treatment goals contained in the treatment plan, the appropriateness of the services being prescribed, and the medical necessity of continued behavioral health services; and*
  - 6. signature and licensure or credentials of the individual who rendered the service.*
- 

According to the Utah Medicaid Provider Manual (July 2014), 1-7: Treatment Plan,

*A. If it is determined that behavioral health services are medically necessary, an individual identified in Chapter 1-5, A. is responsible for the development of a treatment plan.*

*B. The treatment plan is a written, individualized person-centered plan which contains measurable treatment goals related to problems identified in the psychiatric diagnostic evaluation. The development of the treatment plan should be a collaborative effort with the client.*

*C. If the treatment plan includes psychosocial rehabilitative services as a treatment method, there must be measurable goals specific to each issue being addressed with this treatment method.*

*D. The treatment plan must include the following:*

- 1. measurable treatment goals;*
- 2. the treatment regimen—the specific treatment methods (as contained in Chapter 1-4 and Chapter 2) that will be used to meet the measurable treatment goals;*
- 3. a projected schedule for service delivery, including the expected frequency and duration of each treatment method;*
- 4. the licensure or credentials of the individuals who will furnish the prescribed services; and*
- 5. the signature and licensure or credentials of the individual defined in Chapter 1-5, A., who is responsible for the treatment plan.*

*E. An individual identified in Chapter 1-5, A. is responsible to conduct reassessments/treatment plan reviews with the client as clinically indicated to ensure the client's treatment plan is current and accurately reflects the client's rehabilitative goals and needed behavioral health services.*

---

According to the DHS/DCFS Contract, Part II. Section VII: Service Requirements for Outpatient Mental Health Services, A. Medicaid,

*3. c. Examination and Treatment Planning:*

*(1) In accordance with State law, an individual provider of mental health services shall conduct a psychiatric diagnostic interview examination to assess the existence, nature, or extent of illness, injury or other health deviation for the purpose of determining the Client's need for mental health services.*

*(2) If it is determined the Client needs mental health services, the individual provider of mental health services conducting the psychiatric diagnostic interview examination or the individual provider of mental health services who actually delivers the mental health services shall develop a treatment plan. The treatment plan shall reflect the Client's therapeutic needs as identified in*

*the psychiatric diagnostic interview examination, and shall be coordinated with the Division Service Plan and with the Team.*

*(3) The treatment plan shall be written within 30 days of the completion of an initial psychiatric diagnostic interview examination or an addendum to the examination. The treatment plan shall be designed to improve or stabilize the Client's conditions.*

*(4) Mental health services shall not be provided and billed until a treatment plan has been written.*

*(5) The treatment plan shall include the following:*

*(a) Measurable treatment goals developed in conjunction with the Client, family and Case Manager, including face-to-face participation of the Client in its development.*

*(b) Treatment regimen or specific treatment methods to be used to meet the measurable treatment goals.*

*(c) A projected schedule for service delivery, including the expected frequency and duration of each treatment method.*

*(d) The credentials of individuals that will furnish the services.*

*(e) Discharge criteria and, at the appropriate time, post discharge plans and coordination of related community services to ensure continuity of care with the Client's family (or others in whose care the Client will be released after discharge), school, and community.*

*(f) Signature, licensure, and date of the individual who developed the treatment plan.*

*(6) The Contractor shall bill treatment plan development as part of the psychiatric diagnostic interview examination.*

*(7) The Contractor shall provide a copy of the treatment plan to the Case Manager within 15 days of completion. The Contractor shall retain a copy of the treatment plan in the Client file.*

*According to the DHS/DCFS Contract, Part III: Performance Measures and Client Outcomes: The Contractor shall comply with the following objective based performance requirements:*

*1. Client Centered Objectives. If a program or service covered by this Contract requires the development of client treatment plans, the treatment plans must include individualized treatment objectives that address the assessed needs of the client. The treatment plans must prescribe an integrated program of therapies, activities, and experiences to meet the client's treatment objectives and include reasonable measures to evaluate whether the client's treatment objectives are met.*